

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10 / 52 - 546

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2	1	1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9	1		1			
10	1		1			
11		1		1		
12	1		1			
13	1		1			
14		1		1		
15		1		1		
16		2	1	1		
17		(1)		1		
18		(1)		1		
19		(1)		1		
20		(1)		1		
21	1		1			
22			1			
23				1		
24				1		
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49						
50						
TOTAL IND.	6	↓	8	↓		↓
TOTAL DEP.	17	←	17	←		←
TOTAL CLAIMS	23		25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						